

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039662

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

273

Primary Registration District No.

3051

Registrar's No.

155

1. PLACE OF DEATH NOV 7 1962

a. COUNTY Perry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Perryville

Length of stay in 1b  
35 Yrs.

c. FULL NAME OF (IF NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Perry Co. Mem. Hosp.

Inside Limits  
Yes ☒ No ☐

c. CITY OR TOWN Perryville

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
416 Ann

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Willie

August

Huber

4. DATE OF DEATH

Month

Day

Year

10-25-62

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-14-01

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoe Worker

10b. KIND OF BUSINESS OR INDUSTRY

Int. Shoe Co.

11. BIRTHPLACE (City and state or country)

Perry County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Barney Huber

13b. MOTHER'S MAIDEN NAME

Ettie Blaylock

14. NAME OF HUSBAND OR WIFE

Della Huber

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Della Huber, Perryville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Bypass

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerotic heart

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour  
a.m.  
p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/15/62 to 10/25/62 and last saw him alive on 10/25/62

Death occurred at 5:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree title)

Joseph W. Lachar, D.O.

22b. ADDRESS

106 W. 4th Main Perryville

22c. DATE SIGNED

9/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-28-62

23c. NAME OF CEMETERY OR CREMATORY

Immanuel Lutheran Cem.

23d. LOCATION (City, town, or county)

Perryville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Young & Sons Perryville Mo

25. DATE RECD. BY LOCAL REG.

10-27-62

26. REGISTRAR'S SIGNATURE

Joe J. Zollner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10795

2 07952

3

4 0

5 1

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8 2

9 163X

10

11

12 1-2

13 1-0

DEC 27 1962

JAN 14 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4022

P. O. Address Berryville MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.